## Attachment H

			PRIN	IE CON	TRACTO	R INFORM	IATION:				
Company:					Sc	licitation Nu	mber:				
Street Address:					Solicitation Number:						
City & Zip Code: :					Contractor's Tax ID Number: Caption of Plan:						
hone Number:					Ca	aption of Plai	1:				
Email Address:					-						
Project Name:					Du	ration of the	Plan: From		to		70
Project Name:					Duration of the Plan: From to  Total Prime Contract Value: \$						
Address:											20
					Amount of Contract (excluding the cost of materials, goods, supplies and equipment) \$						
Project Descriptions:											7.0
							Subcontracts:\$_				
					LS	DBE Total:\$	LODDE A L		<u>.</u>		
							LSDBE Subcon	tract v	alue	Perce	ntage Set Aside
(List	t each sub	contract	or at any ti	er that v	vill be aw	arded a su	bcontract to r	neet y	our total s	et aside go	al.)
SUBCONTRACTOR I	Addres	HON: (L	ise contir phone No.		sneet to be of Worl		NIGP Cod		Descriptio	n of Mork	
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SDBE Certification Nun				1	st 2 <sup>nd</sup> 3rd		Contact	eiepno	THE HAUTTIDES		
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Certification Status:		LBE:	DBE:	DZE:	st, 2 <sup>nd</sup> , 3rd	LRB:	Fax Numb	er:			
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Signature

Name & Title of Contracting Officer

Date

Page 2 of 2 (List each subcontractor that will be awarded a subcontract to meet your total set aside goal.) SUBCONTRACTOR INFORMATION: (use continuation sheet for additional subcontracts) Address & Telephone No. NIGP Code(s) Name Type of Work Description of Work Total Amount Set Aside: \$ Point of Contact: Name (Print) Percentage of Total Set Aside Amount :\_\_\_\_\_\_% Contact Telephone Number: 1st, 2nd, 3rd LSDBE Certification Number: Fax Number: Certification Status: SBE: LBE: DBE: LRB: DZE: ROB: Email Address: (check all that apply) SUBCONTRACTOR INFORMATION: Name Address & Telephone No. Type of Work NIGP Code(s) Description of Work Total Amount Set Aside: \$ Point of Contact: Name (Print) Percentage of Total Set Aside Amount : Contact Telephone Number: 1st, 2nd, 3rd LSDBE Certification Number: Fax Number: Certification Status: SBE: LBE: DBE: ROB: LRB: Email Address: (check all that apply) SUBCONTRACTOR INFORMATION: Name Address & Telephone No. Type of Work NIGP Code(s) Description of Work Total Amount Set Aside: \$\_ Point of Contact: Name (Print) Percentage of Total Set Aside Amount :\_\_\_\_ Contact Telephone Number: 1st, 2nd, 3rd LSDBE Certification Number: Fax Number: Certification Status: SBE: LBE: DBE: DZE: ROB: LRB: Email Address: (check all that apply) SUBCONTRACTOR INFORMATION: Name Address & Telephone No. Type of Work NIGP Code(s) Description of Work Total Amount Set Aside: \$\_ Point of Contact: Name (Print) Percentage of Total Set Aside Amount :\_\_\_\_\_ Contact Telephone Number: 1st, 2nd, 3rd LSDBE Certification Number:\_ Fax Number: Certification Status: SBE: LBE: DBE: DZE: ROB: LRB: Email Address: (check all that apply) SUBCONTRACTOR INFORMATION: Name Address & Telephone No. Type of Work NIGP Code(s) Description of Work Total Amount Set Aside: \$\_ Point of Contact: Name (Print) Percentage of Total Set Aside Amount :\_

1st, 2nd, 3rd

ROB:

LRB:

DZE:

LSDBE Certification Number:

SBE:

LBE:

DBE:

Certification Status:

(check all that apply)

Contact Telephone Number:

Fax Number:

Email Address: